



EXHIBITOR INFORMATION FORM

International Society of Hair Restoration Surgery

20th Annual Scientific Meeting • October 17-20, 2012 • Atlantis-Paradise Island, The Bahamas

Instructions: Please complete "Company Name" and Part 1 of this form, as well as Part 2 if applicable. Return to: ISHRS, 303 West State Street, Geneva, IL 60134, USA, Fax: 630-262-1520 by **July 20, 2012**. If you have questions, please call us at 630-262-5399 or email at info@ishrs.org.

COMPANY NAME: _____

PART 1: EXHIBITOR REGISTRATION: *(All exhibiting companies must complete this section.)*

A. Exhibit Representative Registration:

Our four (4) company exhibit representatives will be (included with the price of one booth):

1) _____ 3) _____
2) _____ 4) _____

We would like to register the following additional exhibit representatives at \$125.00 USD each.

5) _____ 7) _____
6) _____ 8) _____

(list additional reps on back)

_____ additional exhibit representatives x \$125.00 USD each = \$ _____

Substitution & Cancellation Policy for Exhibit Representatives: Substitutions for company representatives (both complimentary and paid) may be made through September 17, 2012. Cancellation of additional (paid) exhibit representatives will be refunded for all cancellation notices received in writing before or on September 17, 2012.

B. Gala Dinner Tickets:

We would like to purchase tickets for the Gala Dinner at Atlantis on Saturday/October 20, 2012.

_____ Gala Dinner tickets x \$95.00 USD each = \$ _____

Cancellation Policy on Gala Dinner Tickets: Exhibitors may cancel and receive refunds on Gala Dinner Tickets provided written cancellation notice is received by September 17, 2012.

C. Total payment of \$ _____ USD enclosed:

Check payable to: *International Society of Hair Restoration Surgery*

Visa Mastercard American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

PART 2: SOCIAL FUNCTION REQUEST: *(Please complete this section if you plan to host a function for ISHRS attendees, regardless of if it will be held on or off of the Atlantis premises.)*

Description of Social Function: _____

_____ # guests: _____

Date/Time: _____ Location: _____

Social Function Contact Name: _____ Co. Name: _____ Exhibit Booth #: _____

Phone: _____ Fax: _____ E-mail Address: _____

NOTE: *ISHRS approval, which may be granted or denied by the ISHRS at its sole discretion, is required for all exhibitor-sponsored social functions. Social function requests must be submitted via this form by July 20, 2012.*